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## APPLICANTS

Thomas Feyrer, Esslingen, GERMANY;

Gerhard Thorwart, Filderstadt, GERMANY;  
Rainer Armbruster, Filderstadt, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\*

none when 06/12/05

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

yes when 06/12/05

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/07/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>06/12/05</u>				

## ADDRESS

23869  
 HOFFMANN & BARON, LLP  
 6900 JERICHO TURNPIKE  
 SYOSSET, NY  
 11791

## TITLE

Handling device for repositioning parts

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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